

Pre-Admission Screening Processes For Medicaid Long-Term Care Programs

Level of Care Determination –To ensure that Medicaid eligible children and adults have a documented medical necessity for long term care services, and are receiving services appropriate to meet their needs.

Nursing Facility

- Admission to a NF requires a physician order.
- Nursing facilities are required to complete a Minimum Data Set (MDS) assessment on each resident entering the facility and develop a plan of care.
- IFMC conducts a telephonic pre-admission screening for each of the Medicaid eligible persons entering NF's. Using an MDS worksheet, facility staff identifies to the IFMC reviewer the resident care needs and discuss care plan. Based on this information, IFMC makes a determination if the resident needs the level of care provided by the facility.
- IFMC conducts on-site MDS validation reviews to review the full MDS assessment and patient charts/records to determine that information given at the telephonic admission review is accurate and correct.

ICF MR

- Admission to an ICF MR requires a physician order.
- ICFs MR are required to complete a comprehensive assessment, including a functional assessment, on each resident entering the facility and develop a plan of care.
- IFMC conducts a telephonic review for each of the Medicaid eligible persons entering the ICF MR for appropriateness of placement and ongoing treatment. Facility staff identifies to the IFMC reviewer the resident care needs and discuss care plan. Based on this information, IFMC makes a determination if the resident needs the level of care provided by the facility.
- IFMC conducts a telephonic review within 90 days following admission, and annual on-site continued stay reviews to verify that information given at the admission review was accurate and correct (according to the documentation review). Information to be maintained in resident's chart includes the Diagnosis and Evaluation form, the psychological exam that identifies diagnosis of mental retardation, physician's order for admission to ICF MR facility, and necessary case management and CPC forms.

HCBS Waivers (AIDS/HIV, Brain Injury (BI), Elderly, Ill and Handicapped (IH), Mental Retardation (MR), Physical Disability (PD))

- Depending on the waiver, a DHS Service Worker, Case Managers or Area Agency on Aging completes an assessment for each HCBS Waiver applicant.
- IFMC reviews the assessment information submitted and using physician approved criteria, certifies whether that the person meets a qualifying level of care for the waiver.
- IFMC conducts reviews, at least annually for the ICF/MR, nursing and skilled nursing levels of care, and every four days for hospital level of care.

Program	Assessment Tool	Completed By	Qualifying Levels of Care
Nursing Facility	MDS	Nursing Facility Professional Interdisciplinary Team	NF, SNF
ICF MR	Comprehensive Tool (Diagnostic & Evaluation), Functional Assessment and Program Plan	ICF MR Professional Interdisciplinary Team	ICF MR
AIDS/HIV	Home & Community Based Services Assessment	DHS Service Worker	SNF or Hospital
BI	Brain Injury Functional Assessment	DHS Service Worker <i>or</i> Case Manager	SNF, NF or ICF MR
Elderly	I-OASIS Assessment <i>and</i> Functional Abilities Screening Evaluation (FASE)	Area Agency on Aging	SNF or NF
IH	Home & Community Based Services Assessment	DHS Service Worker	SNF, NF or ICF MR
MR	Mental Retardation Functional Assessment	DHS Service Worker <i>or</i> Case Manager	ICF MR
PD	Physical Disability Waiver Assessment Tool	DHS Service Worker	SNF or NF

Summary of Medicaid Assessments

Program	Assessments Completed in FY 03	Number Accepted	Number Rejected	Unit Price	Total Cost (25% is state)
Nursing Facility – Admission Review	8,672	8,665	7	\$ 35.54	\$ 308,202.88
Nursing Facility – On-Site Validation	3,388	3,388	0	\$117.83	\$ 399,208.04
ICF MR – Admission Review	191	191	0	\$117.83	\$ 22,505.53
ICF MR – On-Site Validation	1,196	1,196	0	\$117.83	\$140,924.68
Facility - TOTAL	13,447	13,440	7		\$ 870,841.13
Ill & Handicapped Waiver	2,029	1,956	73	\$ 52.66	\$ 106,847.14
Elderly Waiver	7,207	6817	390	\$ 52.66	\$ 379,520.62
AIDS Waiver	52	48	4	\$ 52.66	\$ 2,738.32
Brain Injury Waiver	515	455	60	\$ 52.66	\$ 27,119.90
MR Waiver	6,613	6,607	6	\$ 52.66	\$ 348,240.58
Physical Disability Waiver	304	282	22	\$ 52.66	\$ 16,008.64
Waiver - TOTAL	16,720	16,165	555	\$ 52.66	\$ 880,475.20
GRAND TOTAL	30,167	29,605	562		\$1,751,316.33

Issues Identified Around Assessment Process

- How to incorporate pre-admission screening processes identified to be needed in Iowa by Iowa's Olmstead Consumer Task Force and the CMPFE Redesign Workgroup.
- Whether or not a nurse or other professional should complete assessments.
- Whether or not pre-admission reviews should be mandatory for all nursing home applicants, at time of entry to the facility, including those paying privately.
- Whether or not the state should provide long-term care assessments to seniors and individuals with disabilities, regardless of Medicaid eligibility, to help educate consumers and families about their choices in long-term care.
- Whether or not the state should adopt a policy of universal pre-admission screening to support fair allocation of resources based on need.
- Whether or not assessments should be completed by one agency under contract with the Department.

**Rules and Regulations Pertaining to
Admission Review Process for
Medicaid Long-Term Care Programs**

Nursing Facility:

CFR 42-440.155(a)(1)

IAC 441, Chapter 81, 81.3(1), (3)

ICF MR:

CFR 42-483.440(b)(3)

IAC 441, Chapter 82, 82.7 (3)

HCBS Waiver:

CFR 42-441.302 c (1)

IAC 441, Chapter 83

Ill & Handicapped - 83.2(1)d

Elderly - 83.22(1)d

AIDS/HIV - 83.42(1)b

MR - 83.61(1)c

BI - 83.82(1)f

PD - 83.102(1)h

CFR and IAC references attached